

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Santa Barbara Women's Political Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00429456	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Daily Nexus (UCSB)		Date M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 8	
Mailing Address PO Box 13402 - UCBN		Amount 49.50	
City State Zip Code Santa Barbara CA 93107		Transaction ID: SE000000000000571090	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Category/Type 011		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lois Capps		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2006	
Full Name (Last, First, Middle, Initial) of Payee Daily Nexus (UCSB)		Date M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 8	
Mailing Address PO Box 13402 - UCBN		Amount 43.40	
City State Zip Code Santa Barbara CA 93107		Transaction ID: SE000000000000571084	
Purpose of Expenditure Advertising		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Category/Type 011		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lois Capps		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2006	
(a) SUBTOTAL of Itemized Independent Expenditures .....		92.90	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mahsheed Ayoub Signature		Date M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	